

**MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS**

FILE TITLE/NUMBER/VOLUME: KAIL, Samuel G.

KAIL, Samuel G.

Contact Division File

**INCLUSIVE DATES:** \_\_\_\_\_

**CUSTODIAL UNIT/LOCATION:** \_\_\_\_\_

ROOM: 2 D 11

DELETIONS, IF ANY: \_\_\_\_\_

卷之三

CONFIDENTIAL

04 DEC 1978

MEMORANDUM FOR: DDO/IMS/IG/EIR

FROM : [REDACTED]  
Plans and Review Group  
Central Cover Staff (C)

SUBJECT : House Select Committee on Assassinations  
(HSCA) Request (U)

REFERENCE : Letter for OLC fr Chief Counsel/Director  
of HSCA (OLC #78-3481/3), dtd 28 Nov 78

1. In response to the request contained in Reference,  
CCS files contain the following information on Samuel  
G. Kail, Lt. Colonel, U.S. Army. (C)

a. One completed but undated DOJ/INS form  
G-410 (Employee Qualifications-Skills Inventory);  
unclassified. (U)

b. One U.S. Army Travel Order, dated 26 Jan 62;  
unclassified. (U)

2. Although the above documents are unclassified, the  
fact that Subject was affiliated with the Agency should be  
treated as CONFIDENTIAL because he was on covert detail to  
the Agency from 1962-66. (C)

[REDACTED] (C)

ORIGINAL CL BY 026089  
 DECL REVW ON 04 DEC 98  
EXT BY ND 6 YRS BY 026089  
REASON D9C (4)

CONFIDENTIAL

SPECIAL ORDER NO.	DATE	HEADQUARTERS DEPARTMENT OF THE ARMY WASHINGTON D. C. 20310
22	26 Jan 1966	LCC/16h EXTRACT
<p>25. TC 220. Fol rsg dina. WP. TDN. 2162010 01-3311-3312-3313-3314-3315-3316- 3317 P1433 S99-999; 2172010 01-3311-3312-3313 3314-3315-3316-3317. P1433 S99-999.</p> <p>KAIL, SAMUEL G. 022072 COL Inf 1542 (2260) USA Elm Jt Spt Gp (SD-7709) WashDC w/dy sta Miami, Florida 33168</p> <p>Asg to: Hq, Fourth US Army (4A-4000) Ft Sam Houston, Tex. 78234</p> <p>Aloc: Jul-2-A-8.1</p> <p>Rept date: 15 Jul 66</p> <p>Lv data: 15 DALVP</p> <p>PCS(MDC): 3D</p> <p>EDCSA: 1 Jul 66</p>		
 <p>ADJUTANT GENERAL U. S. ARMY</p> <p>BY ORDER OF THE SECRETARY OF THE ARMY:</p> <p>Official:</p> <p>J. C. LAMBERT, Major General, United States Army, The Adjutant General</p> <p>HAROLD K. JOHNSON, General, United States Army, Chief of Staff.</p> <p>0 1121</p>		
<p>14GAZ 895</p> <p>1 Jul 66</p> <p>PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.</p>		

Agency 201 File

5 August 1963

MEMORANDUM FOR: Col Samuel G. Kail  
SUBJECT: Letter of Appreciation

1. The attached is forwarded for your retention.  
Congratulations!

2. I have mimeographed the two letters and if you will send me your indorsement with a list of names of people you desire to receive this commendation, I will prepare the individual indorsements, sending the originals to you for signature and dissemination and retaining all other copies for inclusion in TAG and 201 files.

3. I sent these to General Carter and Contacts for their information prior to forwarding to you.

FRANCIS A. SANTANGELO  
Lt Col, Inf  
Chief, AB/MMPD

Enclosure  
Ltr of Appreciation

Distribution:

Orig. & 1 - Add  
1 - C/MMPD  
1 - Agency 201 File  
1 - Suspense File

UNITED STATES ARMY  
THE CHIEF OF STAFF

29 July 1963

SUBJECT: Letter of Appreciation

THRU: Commander  
United States Army Element  
Joint Support Group  
Washington 25, D.C.TO: Colonel Samuel G. Kall  
United States Army Element  
Joint Support Group  
Room 1B945, The Pentagon  
Washington 25, D.C.

1. It is with great pleasure that I forward the inclosed memorandum from the General Counsel commanding you and your staff on your outstanding work in support of our Cuban effort. To the foregoing, I wish to add my personal thanks for your noteworthy performance of duty.

2. It is requested that this correspondence be passed on to those individuals concerned on your staff and that copies be placed in their official files.

3. Copies of this correspondence have been placed in your official files.

1 Incl  
asEARL G. WHEELER  
General, United States Army  
Chief of Staff

29 July 1963

**SUBJECT: Letter of Appreciation**

**THRU: Commander  
United States Army Element  
Joint Support Group  
Washington 25, D.C.**

**TO: Colonel Samuel G. Kall  
United States Army Element  
Joint Support Group  
Room 1B945, The Pentagon  
Washington 25, D.C.**

1. It is with great pleasure that I forward the inclosed memorandum from the General Counsel commending you and your staff on your outstanding work in support of our Cuban effort. To the foregoing, I wish to add my personal thanks for your noteworthy performance of duty.

2. It is requested that this correspondence be passed on to those individuals concerned on your staff and that copies be placed in their official files.

3. Copies of this correspondence have been placed in your official files.

Signed - Earle G. Wheeler

1 Incl  
as

**EARLE G. WHEELER  
General, United States Army  
Chief of Staff**

JOSEPH A. CALIFANO, JR.  
GENERAL COUNSEL  
WASHINGTON 25, D.C.

July 18, 1963

MEMORANDUM FOR THE CHIEF OF STAFF, U. S. ARMY

SUBJECT: ACSI Collection Activities

A telephone call today to the Miami area by two representatives of my office (Lieutenant Colonel James K. Patchell and his replacement, Lieutenant Colonel Alexander M. Haig) has confirmed the high state of efficiency of the Army's intelligence collection activities in the Miami area. My own past observations, which have been reinforced by the foregoing trip, are that Colonel Samuel G. Kail, 022072, and his staff should be commended on their outstanding work in support of our Cuban effort. Particularly noteworthy is the fine working relationship Colonel Kail has established with the CIA Representative under whose overall supervision the Army element functions.

Please convey my personal appreciation to Colonel Kail and his staff for their continuing support.

Joseph A. Califano, Jr.  
General Counsel

CIA INTERNAL USE ONLY

31 July 1963

MEMORANDUM FOR: Deputy Director of Central Intelligence  
ATTENTION:  7D-6011, Hqs Bldg  
SUBJECT: Letter of Appreciation - Col Samuel G. Kail

1. Forwarded for information of Deputy Director of Central Intelligence.
2. Please return to Army Branch, MMPD.

*F. A. Santangelo*  
F. A. SANTANGELO  
Lt Col, Inf  
Chief, AP/MMPD

Enclosure  
Ltr of Appreciation

CIA INTERNAL USE ONLY

## STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None" no state. Do not mutilate or omit material since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

(Print) FIRST NAME MIDDLE NAME MAIDEN NAME (If any) LAST NAME <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MISS <b>Samuel Goodhue Kail</b>		STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DECEASED	
2 ALIASES (NICKNAME) OR CHANGES IN NAME (Other than by marriage) <b>None</b>			
3 DATE OF BIRTH (Day, month year) <b>7 June 1915</b>		PLACE OF BIRTH (City County State and Country) <b>Huntington, Cabell, West Virginia, USA</b>	
RACE <b>White</b>	HEIGHT <b>5'11"</b>	WEIGHT <b>170</b>	COLOR OF EYES <b>Blue</b> COLOR OF HAIR <b>Brown</b> OTHER PHYSICAL DEFECTS <b>Diagonal scar, left eyebrow</b>
6 DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO OR HAVE YOU EVER BEEN ADMITTED TO THE USE OF DRUGS OR ALCOHOL SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN IN ITEM 20			
7 U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED CERTIFICATE NO.		IF DERIVED PARENTS CERTIFICATE NO. DATE, PLACE, AND DATE
ALIEN <input type="checkbox"/>	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY <b>11 Jun 1939</b>
8 MILITARY SERVICE ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U.S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING "The Pentagon" GRADE AND SERVICE NO. <b>Colonel C-22072</b> SERVICE AND COMPONENT <b>USA - Inf</b> ORGANIZATION AND STATION <b>Mo 1B-945 / USA KIAF, 1<sup>st</sup> SUP GP (SD-7700) / By C.R. Kail, Fla.</b> DATE CURRENT ACTIVE SERVICE STARTED <b>11 Jun 1939</b>			
ARE YOU PRESENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING GRADE AND SERVICE NO. SERVICE AND COMPONENT ORGANIZATION AND STATION OR UNIT AND LOCATION			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING COUNTRY SERVICE COMPONENT FROM (Date) TO (Date) TYPE DISCHARGE (OR SEPARATION) - GRADE AND SERVICE NO.			
9 EDUCATION (Account for all civilian schools and military academies. Do not include service schools) MONTH AND YEAR NAME AND LOCATION OF SCHOOL GRADE DEGREE			
FROM 1921 TO 1930	Grade School and Jr. High - Huntington, W.Va. <input type="checkbox"/> Acad		
1930 1933	Huntington High School - Huntington, W.Va. <input checked="" type="checkbox"/> Acad		
1933 1934	Marshall College - Huntington, W.Va. <input type="checkbox"/>		
Sep 1934 Mar 1935	Millard's West Point Prep, Washington, D.C. <input type="checkbox"/>		
Mar 1935 Jun 1935	Marshall College - Huntington, W.Va. <input type="checkbox"/>		
1935 1939	USA, West Point, New York <input checked="" type="checkbox"/> B.S.		
10 FAMILY (List in order given parents, spouse, guardians, stepparents, foster parents, parents-in law, former spouses) (If deceased give date and place) children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U.S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance).			
RELATION AND NAME		DATE AND PLACE OF BIRTH	PRESENT ADDRESS IF LIVING
FATHER <b>Ira Jacob Kail</b>		Aug 1882, Upper Sandusky, Ohio	DECEASED <input checked="" type="checkbox"/>
MOTHER (Maiden name) <b>Marilla Marie Bovis</b>		1 Jul 1885, Gallipolis, Ohio	DECEASED <input checked="" type="checkbox"/>
SPOUSE (Maiden name) <b>Mary Margaret Davis</b>		13 Jun 16, Dallas, Texas	318 Aledo Ave, Coral Gables, Fla. <input checked="" type="checkbox"/>
OTHER (Specify) <b>Brother:</b> <b>Ira Joseph Kail</b>		12 Oct 1917, Huntington, W.Va.	2012 Burks St., Petersburg, Va. <input checked="" type="checkbox"/>
Sister: <b>Mary Marilla Kail Wolfe</b>		18 Sep 25, Huntington, W.Va.	4306 Chestnut St., Bethesda, Md. <input checked="" type="checkbox"/>
Son: <b>Samuel G. Kail, Jr.</b>		21 Jul 43, Dallas, Tex.	318 Aledo Ave, Coral Gables, Fla. <input checked="" type="checkbox"/>
Son: <b>Robert G. Kail</b>		7 Oct 48, San Juan, Puerto Rico	<input checked="" type="checkbox"/>
Daughter: <b>Anna Marilla Kail</b>		13 Jul 55, Ft. Leavenworth, Kans.	<input checked="" type="checkbox"/>

DD FORM 1841-55 398

PREVIOUS EDITIONS ARE OBSOLETE

EFFECTIVE 1 NOVEMBER 1948  
APPROVED IN BUREAU OF THE BUDGET JUNE 1948

## STATEMENT OF PERSONAL HISTORY

LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	OFFICE	STATE OR COUNTRY
FROM	TO			
Jul 35	11 Jun 39	USCGC	West Point	New York
Jun 39	Sep 39	Pea Ridge Road	Huntington	West Virginia
Sep 39	Nov 39	Ricardo Apts., Mayla Ave.	Dallas	Texas
Nov 39	Jul 42	25th Inf Regt	Ft. Huachuca	Arizona
Jul 42	Jan 43	40½ Jefferson St.	Alexandria	Virginia
Jan 43	Apr 43	C.A. CSC	Ft. Leavenworth	Kansas
Apr 43	Nov 43	McLean Gardens,	Washington, D.C.	
Nov 43	Dec 44	2400 Cameron Hills Rd.	Alexandria	Virginia
Jan 45	Aug 45	KUROPE 13th Arm Div.		
Aug 45	Jan 46	Pine Meadow Inn	Southern Pines	North Carolina
Jan 46	May 46	Leek Street	"	"
May 46	Jan 49	DEAFC, Antilles,	San Juan	Puerto Rico

Jan 49	- Apr 49	- 4263 Bordeaux	Dallas	Texas
Apr 49	- Aug 50	- 71 Chancellorsville	Ft. Devens	Mass.
Aug 50	- Nov 51	- 7th Inf Regt		Japan & Korea
Nov 51	- Jan 52	- 6303 Bordeaux	Dallas	Texas
Jan 52	- Aug 53	- 79 Orchard Drive	Leviston	New York
Aug 53	- Jun 54	- 15, Stanwix Apts.	Carlisle	Penns.
Jul 54	- Jun 57	- 604 Scott	Ft. Leavenworth	Kansas
Jun 57	- Sep 57	- 4218 Vacation Lane	Arlington	Virginia
Oct 57	- May 58	- 2937 Forrest Hill Hwy.	Pacific Grove	California
Jun 58	- Jan 61	- 3 American Embassy	Havana	Cuba
Feb 61	- Apr 61	- 701 Mavarre	Coral Gables	Fla.
Apr 61	- Feb 62	- #12 General Plaza	Pt. Dix	New Jersey
Feb 62	- Jul 62	- #4, Gramercy Club Apts	Coral Gables	Fla.
Jul 62	- Present	- 313 Aledo Ave.	Coral Gables	Fla.

<input checked="" type="checkbox"/>	OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
<input checked="" type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
<input checked="" type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

If "YES" DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

NOT APPLICABLE

18. HAVE YOU EVER BEEN DETAINED, HELD ARRESTED, INCARCERATED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR CLEATED FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDERMENT (INCLUDING ANY TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25, OR MORE, WAS IMPOSED)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE.  YES  NO  
If "YES", LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

15. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY REFLECT UPON YOUR QUALITY AS A CANDIDATE FOR SECURITY CLEARANCE? IF SO, PLEASE EXPLAIN. (See U. S. Code, Title 18, Section 7701)

## 20. REMARKS

*SECRET*  
**EX-100X**

I have had a security clearance of one type/degree or another throughout all but the very early years of my Military Career. At the present time I have a TOP SECRET Security Clearance from Department of Army, and also a high level security clearance from CIA. The type or degree of clearance by CIA I do not know.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, Title 18, Section 1001)

DATE	SIGNATURE OF PERSON COMPLETING FORM	
23 July 1965	<i>General L. C. Guerrero, U.S. Army</i>	
TYPED NAME AND ADDRESS OF WITNESS		SIGNATURE OF WITNESS
Gus C. Guerrero, P.O. Box 657, Coral Gables, Fla.		<i>Gus C. Guerrero</i>

## 21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

## RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

## REMARKS

## STATEMENT OF PERSONAL HISTORY

STRUCTIONS. Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

(Print) FIRST NAME MIDDLE NAME MAIDEN NAME (if any) LAST NAME <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <b>Samuel Goodhue Kail</b>		STATUS <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY OR ACTIVE DUTY	
3 ALIASES (NICKNAME(S) OR CHANGE IN NAME (Other than by marriage) <b>Bone</b>			
4 DATE OF BIRTH (Day, month year) <b>7 June 1915</b>		PLACE OF BIRTH (City, County, State, and Country) <b>Huntington, Cabell, West Virginia, USA</b>	PLACE CERTIFICATE RECEIVED <b>33134</b>
RACE <b>White</b>	HEIGHT <b>5'11"</b>	WEIGHT <b>170</b>	COLOR OF EYES <b>Blue</b> COLOR OF HAIR <b>Brown</b>
5 DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING POLICS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS YES, EXPLAIN IN ITEM 20			
7 U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED CERTIFICATE NO. 	IF CERTIFIED PARENTS CERTIFICATE NO. 
8 ALIEN <input type="checkbox"/>	REGISTRATION NO. 	NATIVE COUNTRY 	DATE AND PORT OF ENTRY 
		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. MILITARY SERVICE			
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING "The Pentagon" GRADE AND SERVICE NO <b>Colonel 0-22072</b> SERVICE AND COMPONENT <b>USA - Inf</b> ORGANIZATION AND STATION <b>USA - KIAF, 17 SUP GP (SD-7709)</b> DATE CURRENT ACTIVE SERVICE STARTED <b>11 Jun 1939</b>			
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING GRADE AND SERVICE NO SERVICE AND COMPONENT ORGANIZATION AND STATION OR UNIT AND LOCATION			
HAVE YOU PREVIOUSLY SERVED IN TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING COUNTRY SERVICE COMPLEMENT FROM (Date) TO (Date) TYPE DISCHARGES OR SEPARATIONS - GRADE AND SERVICE NO			
10 EDUCATION (Account for all civilian schools and military academies. Do not include service schools)			
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	
FROM 1921	TO 1930	Grade School and Jr. High - Huntington, W. Va.	GRADUATE <input type="checkbox"/> NO <input checked="" type="checkbox"/> Yes
1930	1933	Huntington High School - Huntington, W. Va.	DEGREE <input checked="" type="checkbox"/> Acad
1933	1934	Marshall College - Huntington, W. Va.	<input type="checkbox"/> X
Sep 1934	Mar 1935	Millard's West Point Prep, Washington, D.C.	<input type="checkbox"/> X
Mar 1935	Jun 1935	Marshall College - Huntington, W. Va.	<input type="checkbox"/> X
1935	1939	USA, West Point, New York	<input type="checkbox"/> B.S.
11. FAMILY (List in order given parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced, give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)			
RELATION AND NAME		DATE AND PLACE OF BIRTH	PRESENT ADDRESS IF LIVING
FATHER <b>Ira Jacob Kail</b>		4 Aug 1882, Upper Sandusky, Ohio	DECEASED <input checked="" type="checkbox"/>
MOTHER (Maiden name) <b>Marilla Marie Bovie</b>		1 Jul 1885, Gallipolis, Ohio	DECEASED <input checked="" type="checkbox"/>
SPOUSE (Maiden name) <b>Mary Margaret Davis</b>		18 Jun 16, Dallas, Texas	318 Aledo Ave, Coral Gables, Fla. <input checked="" type="checkbox"/>
OTHER (Spouse) <b>Brother:</b> <b>Ira Joseph Kail</b>		12 Oct 1917, Huntington, W. Va.	2012 Barks St., Petersburg, Va. <input checked="" type="checkbox"/>
Sister: <b>Mary Marilla Kail Wolfe</b>		18 Sep 25, Huntington, W. Va.	4306 Chestnut St., Bethesda, Md. <input checked="" type="checkbox"/>
Son: <b>Samuel G. Kail, Jr.</b>		21 Jul 43, Dallas, Tex.	318 Aledo Ave, Coral Gables, Fla. <input checked="" type="checkbox"/>
Son: <b>Robert G. Kail</b>		7 Oct 40, San Juan, Puerto Rico	" " " " " " <input checked="" type="checkbox"/>
Daughter: <b>Ann Marilla Kail</b>		13 Jul 55, Ft. Leavenworth, Kans.	" " " " " " <input checked="" type="checkbox"/>